FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 7911

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27036

Primary Registration District No. 1003

Registrar's No. 6932

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 days (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 932 N. Sarah St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Joseph Taylor, Jr 40

3. (b) If veteran, name war none

3. (c) Social Security No. ?

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gladys Taylor

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased October (Month) 12 (Day) 1912 (Year)

8. AGE: Years 27 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Little Rock Ark (City, town, or county) (State or foreign country)

10. Usual occupation porter

11. Industry or business

FATHER
12. Name Joe Taylor
13. Birthplace unknown (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Hattie Parker
15. Birthplace unknown (City, town, or county) Miss (State or foreign country)

16. (a) Informant's own signature Mattie Reed
(b) Address Lyons St. So. Kinloch Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/17/40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk. Cem

18. (a) Signature of funeral director Boyd Bros
(b) Address 6701 Finney St. Louis Mo.

19. (a) AUG 16 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13 year 1940 hour 3: minute 39 A. M.

21. I hereby certify that I attended the deceased from 7-7- 1940 to 8-13- 1940; that I last saw him alive on 8-13- 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	Six Weeks
Due to: Meningitis; Pneumococci	About 6 weeks
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 8-4-4 (Specify type of place)

While at work? (e) Means of injury

23. Signature Allen, C (M.D. or other)

Address 2601 N. Whittier Date signed 8-13-1940

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.